



**GREAT LAKES HARMONY REGION #17
Fall Harmony Weekend with Patty Cobb Baker**

The Holiday Inn Cleveland South
6001 Rockside Road
Independence, Ohio 44131
www.hiindependence.com
Phone: 216-524-8050

SEPTEMBER 18 THRU 20, 2015
PRE-REGISTRATION DEADLINE August 31, 2015.
(Late registrations will be charged a \$5.00 late fee per person)

In order to keep our counts correct, please encourage all your members to register early. This will allow us to have enough handouts, materials, and seating for all. Please list attendees in **ALPHABETICAL ORDER**. If dual, register with primary chorus only.

Mail these forms along with chapter check made payable to
"Great Lakes Harmony Region #17"

Cathy Dunlap
4746 Helmsworth Dr N.E.
Canton, OH 44714
(330) 936-4061(c)
cdunlap1969@gmail.com

Total number of MEMBERS _____ @\$10 = _____

Total Prospective Members _____ @ N/C _____

RMT Members / Staff _____

CHORUS NAME _____

CONTACT Name _____

CONTACT Email _____

Credit Card Name _____ Phone _____

Chorus Credit card # _____

Exp. Date _____ 3 Digit # on Back _____ or Chorus Check enclosed _____

REGISTRATIONS ARE NON-REFUNDABLE. THEY ARE TRANSFERABLE.

REGISTRATION FORM

- Please mark any **NEW** members with an * next to their name . We will then know to make a name badge & lanyard. **PLEASE TYPE MEMBER’S NAMES in ALPHA ORDER**
- Please register with your **PRIMARY CHORUS** only.

Pre-registration is being made for the following members of

CHAPTER NAME:					
	FIRST NAME	LAST NAME		FIRST NAME	LAST NAME
1.			31.		
2.			32.		
3.			33.		
4.			34.		
5.			35.		
6.			36.		
7.			37.		
8.			38.		
9.			39.		
10.			40.		
11.			41.		
12.			42.		
13.			43.		
14.			44.		
15.			45.		
16.			46.		
17.			47.		
18.			48.		
19.			49.		
20.			50.		
21.			51.		
22.			52.		
23.			53.		
24.			54.		
25.			55.		
26.			56.		
27.			57.		
28.			58.		
29.			59.		
30.			60.		

This form may be duplicated if necessary.



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Sweet Adelines Hotel Registration Form
Great Lakes Harmony Region#17
FALL HARMONY WEEKEND – SEPTEMBER 18 THRU 20, 2015
With Patty Cobb Baker
The Holiday Inn Independence, Independence, OH

HOUSING DEADLINE –Aug 20, 2015

Chorus Name _____ Housing Chair _____

Address _____ City _____ State _____ Zip _____

Phone (day) _____ (evening) _____ Email _____

Payment Method: **Master Bill** (1 bill for all chorus rooms) **Individual Bills** (chorus members pay their own bills)

If Master Bill, name of person paying bill _____

ROOM RATES: Individual:107.18/night (includes all taxes)
Tax Exempt: 99.82/night (see below for eligibility requirements)

HOUSING FORM INSTRUCTIONS:

- Please print or type names and clearly mark those rooming together with a bracket or leave a space between each group rooming together.
- Include the expiration date and name of card holder with each credit card number
- Check room size required & nights required and type of payment
- Codes for housing form are as follows:
 - ROOM SIZE - S – Single, D-Double – King
 - SPECIAL REQUESTS – R – Rollaway, NS – Non-Smoking, S – Smoking, H – Handicapped Accessible
- Please put the chorus name at the top of every page of the reservation form.
- No rooms will be reserved without a credit card hold or a check for one night's deposit per each room requested.

When complete, send this page and all pages of the reservation form to:

CATHY DUNLAP Housing Chair
4746 HELMSWORTH DR. N.E.
CANTON, OH 44714
Ph: 330-936-4061
Email: cdunlap1969@gmail.com

This form can be sent via postal service, or as an email attachment.

HOTEL INFORMATION & REGULATIONS:

- Tax Exempt Eligibility – If a chorus pays for rooms with a chorus-owned credit card (with the chorus name on the card), they could be eligible for tax exempt status. This applies to all out of state choruses. To be eligible, a tax exempt form must be sent along with the housing form. Tax exempt status will not be granted without this form. The room rate will be **\$99.82 per night per room if tax exempt status is granted and \$107.18/night if not.**
- The hotel requires a one night deposit for each room or credit card number (remember to include expiration date and name of card holder)
- If paying by check, please make check payable to **THE HOLIDAY INN INDEPENDENCE**. Check in time is 4:00 P.M. Check out time is 11:00 A.M. Payment for rooms must be made before departure from the hotel.
- **Cancellations or changes after August 20, 2015 must be made with the HOTEL DIRECTLY (216)-524-8050. There is a 72 hour cancellation period and anyone cancelling their room with less than a 72 hour notice will be charged accordingly by the hotel.** If you have any questions, please contact CATHY DUNLAP at 330-936-4061 or cdunlap1969@gmail.com. Thank You!

Sweet Adelines HOUSING FORM

Chorus Name:

IMPORTANT: <u>Please TYPE NAMES</u>		2 Full Beds	1 King Bed	Rm Handicap	Thursday	Friday	Saturday	Rollaway	Credit card info. One card per room Include Expiration date.
Last Name, First Name									
<u>Room</u>	1								
	2								
	3								
	4								
<u>Room</u>	1								
	2								
	3								
	4								
<u>Room</u>	1								
	2								
	3								
	4								
<u>Room</u>	1								
	2								
	3								
	4								
<u>Room</u>	1								
	2								
	3								
	4								

ROOM RATES: **Individual: 107.18/night (includes all taxes)**
 Tax Exempt: 99.82/night (see below for eligibility requirements)

BLANKET CERTIFICATE OF EXEMPTION

The undersigned hereby claims exemption to purchases of tangible personal property from

Holiday Inn Independence

on and after

NAME OF VENDOR

September 18-20, 2015

and certifies that this claim

DATE

is based upon the purchaser's proposed use of the items purchased, the activity of the purchaser, or both, as shown hereon:

Granted exemption from federal income tax as an IRS 501 (c)(3)

charitable non-profit organization

PURCHASER MUST STATE STATUTORY REASON FOR CLAIMING EXEMPTION OR EXCEPTION

This certificate shall continue in force until revoked and shall be considered a part of each order given to the above named vendor unless the order specifies otherwise.

(Purchaser's Name)

Women's Singing Organization

(Purchaser's Activity, i.e., Manufacturer, Public Utility, Church, etc.)

(Purchaser's Address)

(By – Signature and Title)

(Date Signed)

N/A

Tax ID #

(Vendor's License, if any)